

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS330AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAIRWAY RES CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3817 FAIRWAY CIRCLE LAS VEGAS, NV 89108</b>		
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Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey and a complaint investigation conducted in your facility on 5/19/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for ten Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D.  Complaint #21628 was substantiated. Refer to Tags Y565, Y566, Y577, Y590, Y645, Y878  The following deficiencies were identified:	Y 000		
Y 565 SS=C	449.267(1) Money & Property of Residents  NAC 449.267 1. An employee of a residential facility shall not handle a resident's money without first being requested to do so in writing by the resident or his representative.	Y 565		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 565	Continued From page 1  This Regulation is not met as evidenced by: Based on interview and record review on 5/19/09, the facility failed to ensure consent was received in writing from 4 of 4 residents for the facility to handle their money (Resident #1, #2, #3 and #5).  Severity: 1      Scope: 3	Y 565		
Y 566 SS=I	449.267(2)(a)-(c) Money and Property of Residents  NAC 449.267 2. An accurate record must be kept of all money deposited with the facility for use by the resident, including withdrawals. The record must include: (a) A separate accounting of the money held by the facility on behalf of the resident. (b) Receipts for expenditures made by the facility on behalf of the resident; and (c) Written acknowledgement by the resident for each withdrawal of his money.  This Regulation is not met as evidenced by: Based on observation, interview and record review from 5/19/09 to 6/16/09, the facility failed to provide separate and accurate record keeping for 4 of 4 residents for whom the administrator was designated as representative payee (Resident #1, #2, #3 and #5).  Findings include:  On 5/19/09, the administrator revealed that he	Y 566		

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Y 566	<p>Continued From page 2</p> <p>was the representative payee on the social security checks for Residents #1, #2 #3 and #5. He stated the social security checks for the four residents went directly into his bank account. The resident records for Resident #1, #2 and #3 did not contain a signed a rate agreement. Resident #5 had a signed rate agreement for \$1100 per month.</p> <p>The administrator stated Residents #1, #2, #3 and #5 paid around \$1,000 per month. He reported he did not have the residents sign a rate agreement because they have been diagnosed with dementia. The administrator also revealed he receives a separate retirement check from Resident #5 for \$102.05. The administrator explained the money he receives from each of the residents goes to pay for their rent and any medications and/or supplies the residents need. The administrator reported the pharmacy removes money from his bank account for the resident's medication co-pays. He stated he could not identify which resident each of the pharmacy withdrawals were for but the pharmacy kept track. The administrator admitted he did not keep his own records of the way the funds of Residents #1, #2 ,#3 and #5 were spent.</p> <p>Resident #1: The resident was admitted to the facility on 4/17/07 with diagnoses including dementia, history of alcohol abuse and chronic obstructive lung disease. Benefits received by the resident between 5/1/2007 to 4/30/08 totaled \$12,464. The Representative Payee Report filled out by the administrator for the Social Security Administration (SSA) indicated Resident #2 paid \$12,464 towards food and housing and \$520 for clothing, education, medical and dental expenses, recreation, or personal items. The administrator was unable to provide any receipts</p>	Y 566			

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Y 566	<p>Continued From page 3</p> <p>for these expenditures.</p> <p>Resident #2: The resident was admitted to the facility on 4/19/07 with diagnoses including dementia, Parkinson disease, hypertension and cerebralvascular accident (CVA - stroke). Benefits received by the resident between 5/1/2007 to 4/30/08 totaled \$12,756. The Representative Payee Report filled out by the administrator for the SSA indicated the resident paid \$12,756 towards food and housing and \$680 for clothing, education, medical and dental expenses, recreation or personal items. The administrator was unable to provide any receipts for these expenditures.</p> <p>Resident #3: The resident was admitted to the facility on 2/18/05 with diagnoses including dementia, hypertension and bipolar disorder. Benefits received by the resident between 4/1/2007 to 3/31/08 totaled \$14,739. The Representative Payee Report filled out by the administrator for the SSA indicated the resident paid \$13,423 towards food and housing and \$1,316 towards clothing, education, medical and dental expenses, recreation or personal items. The administrator informed the surveyor the \$1,316 was used to buy the resident incontinence products and his medication co-pays. The administrator was unable to provide any receipts for these expenses. The administrator's bank statement indicated \$1,349.00 was deposited into his account for Resident #3 in March 2009, April 2009 and May 2009. The Humana Smart Summary for 2008 prescription spending for the resident indicated out of pocket costs were \$204.00.</p> <p>An interview was attempted with Resident #3 on 5/19/09. The resident stated his money goes to</p>	Y 566			

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Y 566	Continued From page 4  his girlfriend. He said he did not want to reveal her name and then he walked out of the bedroom.  Resident #5: The resident was admitted to the facility on 8/7/07 with diagnoses including dementia, hypertension, osteoarthritis and dysphagia. Benefits received by the resident between 10/01/07 and 9/30/08 totaled \$11,518. The Representative Payee Report filled out by the administrator for the SSA indicated the resident paid \$11,398 towards food and housing and \$120 for clothing, education, medical and dental expenses, recreation, or personal items. The administrator was unable to provide any receipts for these expenditures.  Relatives of Resident #2 and #5 were interviewed by phone. Neither relative was aware of how much money was paid to the facility each month. Both of the relatives expressed they would not be able to be the legal guardian due to personal reasons.  Severity: 3 Scope: 3	Y 566		
Y 577 SS=F	449.267(6) Money and Property of Residents  NAC 449.267 6. Except as otherwise provided in subsection 7, an operator or employee of a residential facility shall not accept appointment as a guardian or conservator of the estate of any resident, become a substitute payee for any payments made to any resident or accept an appointment as attorney in fact for any resident.	Y 577		

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Y 577	Continued From page 5  This Regulation is not met as evidenced by: Based on interview and record review on 5/19/09, the facility failed to ensure documentary evidence was available showing efforts to obtain a legal guardian prior to becoming representative payee for social security for 3 of 4 residents.  Severity: 2      Scope: 3	Y 577		
Y 645 SS=F	449.2704(1)-(5) Rate Agreement  NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility; 2. The schedule for payment; 3. The Services included in the basic rate; 4. The charges for potional services which are not included in the basic rate; and 5. The residential facility's policy on refunds of amounts paid but not used.  This Regulation is not met as evidenced by: Based on interview and record review on 5/19/09, the facility failed to provide a rate agreement for 5 of 7 residents (Resident #1, #2, #3, #4 and #7).  Severity: 2      Scope: 3	Y 645		

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Y 876	Continued From page 6	Y 876		
Y 876 SS=C	449.2742(4) NRS 449.037  NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.  This Regulation is not met as evidenced by: Based on interview and record review on 5/19/09, the facility failed to ensure that an ultimate user agreement was obtained for 6 of 7 residents (Resident #1, #2, #3, #4, #5 and #7) for the administration of medications.  Severity: 1 Scope: 3	Y 876		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878		

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Y 878	Continued From page 7  This Regulation is not met as evidenced by: Based on record review and interview on 5/19/09, the facility failed to ensure that 2 of 7 residents received medications as prescribed (Resident #6 and #7).  Severity: 2      Scope: 1	Y 878		
Y 883 SS=D	449.2742(7) Medication / Resident Refusal  NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed.  This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the physician was notified for missed medications for 2 of 7 residents ((Resident #6 and #7).  Severity: 2      Scope: 1	Y 883		
Y 936 SS=F	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against	Y 936		

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Y 936	<p>Continued From page 8</p> <p>unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 5/19/09, the facility failed to ensure 2 of 7 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1 and #4) which affected all residents.</p> <p>This was a repeat deficiency from the 7/16/08 State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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